

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GREAT AMERICA PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00608489 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ABIS & COMPANY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 15 / 2016</div> </div>	
Mailing Address 10220 S DOLFIELD RD STE 209			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3500.00</div>	
City OWINGS MILLS	State MD	Zip Code 21117	Transaction ID : SE24.85785 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 13 / 2016</div> </div>	
Purpose of Expenditure TELEPHONE VOTER CONTACT		Category/ Type		
Name of Federal Candidate DONALD J. TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

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Full Name of Payee QUANTCAST CORPORATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 15 / 2016</div> </div>	
Mailing Address 201 3RD ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : SE24.85784 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 12 / 2016</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type		
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dan Backer

[Electronically Filed]

Date

MM / DD / YYYY
07 / 13 / 2016

Signature